SHOOT OR ACIDIZE

REPAIR WELL

(Other)

UNITED STATES

SUBMIT IN TRIPLICATE. (Other instructions on re-

SHOOTING OR ACIDIZING

Form approved. Budget Bureau No. 42-R1424.

5.	LEASE	DESIGN	TION	AND	SERIAL	NO
		- /				

ABANDONMENT

	DEPARTM G	5. LEASE DESIGNATION AND SERIAL NO. 14-29-0603-5023 6. IF INDIAN, ALLOTTEE OR TRIBE NAME Navajo Tribe			
	SUNDRY NOTION (Do not use this form for proposa Use "APPLICA"				
	OIL GAS OTHER	Dry and Abon.		7. UNIT AGREEMENT NAME	
2.	NAME OF OPERATOR			8. FARM OR LEASE NAME	
3.	Easterm Petroleum C	Co		Amerada-Red wash	
٥.	ADDRESS OF OPERATOR	•		e. wall no.	
	P.O. Box 291, Carmi LOCATION OF WELL (Report location cle See also space 17 below.) At surface	1 State requirements.*	10. FIELD AND POOL, OR WILDCAT Wildcat		
	660 FEL , 1980 FSL	11. SEC., T., B., M., OR BLK. AND SURVEY OR ARBA			
				Sec 25-29N-18W 12. COUNTY OR PARISH 13. STATE	
14.	PERMIT NO.	15. ELEVATIONS (Show whether DF		12. COUNTY OR PARISH 13. STATE	
		5228 GL 5230 K	B	San Juan N. Mexico	
16.	Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data				
	NOTICE OF INTENTION TO:			SEQUENT REPORT OF:	
		ULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL	
	FRACTURE TREAT	ULTIPLE COMPLETE	FRACTURE TREATMENT	ALTERING CASING	

(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.) 17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.) * proposed work. I nent to this work.)

Well is 563 feet deep. Surface casing is 7" at 19 feet cemented with 5 sacks. 61/8" hole drilled to 563 feet. Plugged as follows:

100 foot plug-16 sacks-563 feet to 463 feet. 10 foot plug - 3 sacks-surface plug. Erect a 4 Foot 4" iron marker with name and legal description attached. Filled pits and cleaned up location.

Work completed May 14, 1970

ABANDON*

CHANGE PLANS

II & CEOLOGICAL SUPUEN

18. I hereby certify that the foregoing is frue and correct TITLE Vice Pres. (This space for Federal or State office APPROVED BY CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side